

Registered No. RH003192225US		Date Stamp 0003 55	
To Be Completed By Post Office	Postage \$	\$45.75	Extra Services & Fees (continued)
	Extra Services & Fees		<input type="checkbox"/> Signature Confirmation
	<input checked="" type="checkbox"/> Registered Mail \$	\$18.30	\$
	<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$	\$4.25	<input type="checkbox"/> Signature Confirmation Restricted Delivery
	<input type="checkbox"/> Return Receipt (electronic) \$	\$0.00	\$
	<input type="checkbox"/> Restricted Delivery \$	\$0.00	Total Postage & Fees \$66.30
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value \$0.00		Received by 12/22/2021
	\$		Domestic Insurance up to \$50,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).
OFFICIAL USE			
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	SAINT PAUL, MN 55101	
		19-cv-1272 (ECT/JFD)	
		US District Court, District of Minnesota	
	TO	316 North Robert St. 100 Federal Bldg	
		St. Paul, MN 55101 USA	
		Paul Richard Gallagher, Sec. of the Section for Relations with States (Foreign Minister)	
		Apostolic Palace	
		Vatican City Holy See, 00120	
PS Form 3806, Registered Mail Receipt Copy 1 - Customer April 2015, PSN 7530-02-000-9051 (See Information on Reverse) For domestic delivery information, visit our website at www.usps.com ®			



RH003192225US

PS Customs Declaration and Dispatch Note

Print in English using blue or black ink:
 Complete all **SHADED** fields before acceptance.
 See the Privacy Notice on the reverse of Copy 4.

SHIPMENT INFORMATION (CONTINUED) — BOXED AREA IS FOR USPS-USE ONLY**SENDER'S INFORMATION**

Full Last Name: [Blank] Full First Name: [Blank] MI: [Blank]

Business Name (if applicable): [Blank] Sender's Telephone: [Blank]

Address-1: [Blank]

Address-2: [Blank]

City: [Blank] State: [Blank] ZIP Code: [Blank]

City: [Blank] State: [Blank] ZIP Code: [Blank]

ADDRESSEE'S INFORMATION

Full Last Name: [Blank] Full First Name: [Blank] MI: [Blank]

Business Name (if applicable): [Blank] Addressee's Telephone: [Blank]

Address-1: [Blank]

Address-2: [Blank]

City: [Blank] State/Province: [Blank] Country: [Blank]

City: [Blank] State/Province: [Blank] Country: [Blank]

City: [Blank] State/Province: [Blank] Country: [Blank]

SHIPMENT INFORMATION

1. Category of Items (Check all that apply)

☐ Document ☐ Commercial Sample ☐ Merchandise ☐ Dangerous Goods

☐ Gift ☐ Returned Goods ☐ Humanitarian Donation ☐ Other

2. Detailed Description of Contents (Enter only one item per line)

3. Quantity

4. Net Weight (Ea)

5. Value (Ea)

6. Total

USPS Official Use

USPS Corporate Account

EMS Scheduled Delivery Date

Total Postage/Fees (U.S. \$)

Insured Value (U.S. \$)

Insured Fee (U.S. \$)

7. Sender's Email Address

8. Addressee's Email Address

9. Exporter's Reference (if applicable and known)

10. Exporter's Telephone (if applicable and known)

11. Importer's Reference (if applicable and known)

12. Importer's Telephone (if applicable and known)

13. AES ITN (if applicable)

14. AES Exemption — NOEEI § (Check one if applicable)

☐ § 30.36 ☐ § 30.37 (a) ☐ § 30.37 (h)

☐ § 30.37 (y) ☐ Other

15. License Number (if applicable)

16. Certificate Number (if applicable)

17. Invoice Number (if applicable)

18. Length (Inches)

19. Width (Inches)

20. Height (Inches)

21. Restrictions (if applicable — check all that apply)

☐ Quarantine

☐ Sanitary/Phytosanitary Inspection

22. Nondelivery Instructions (Check one)

☐ Return to Sender

☐ Treat as Abandoned

23. Sender's Signature and Date

I certify the particulars given in this customs declaration are correct. This package does not contain any undeclared dangerous items, or items prohibited by legislation or by postal or customs regulations. I have met all applicable export filing requirements under federal law and regulations.

For Business Mailers, for items in Block 2 (if the information is known)

24. HS Tariff Number

25. Country of Origin